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ABSTRACT

The psychological status of sexual abuse victims has long been debated. Recent studies have revealed notable findings common to abuse victims, many of which may either be exacerbated or occur more frequently in chemically dependent populations. This study was conducted to examine correlates of sexual abuse among a sample drawn from 1,824 adolescents who entered inpatient treatment for substance abuse. Subjects consisted of: (1) nonvictims (N=234 girls, 890 boys); (2) extrafamilial abuse victims (N=44 girls, 20 boys); (3) intrafamilial abuse victims (N=41 girls, 28 boys); and (4) intra- and extra-familial abuse victims (N=6 girls, 3 boys). For girls, composite indices of severity suggest substantial disruption of functioning in the sexually abused groups, and particularly in those reporting intrafamilial sexual abuse. For boys, those who reported being victims of sexual abuse seemed to experience a heightened sense of agitation or anxiety and were significantly more likely than other subjects to be frequently troubled by suicidal thoughts. Within this multi-problem, highly stressed population, the sexual abuse victim did appear to show slightly different and often more serious psychopathology, shown in greater incidence of suicidal ideation and attempts, symptoms of agitation, and a sense of shame about the self. The pattern appears to be one of internalization: abused adolescents appear to be at risk for seeing themselves as bad or sick, while normalizing the situation around them. (NB)

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Correlates of Sexual Abuse Reported by Adolescents in Treatment for Substance Abuse

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INTRODUCTION

The psychological status of sexual abuse victims has long been debated (Ward, 1985), with early reports suggesting that little or no harm resulted from the experience (Bender and Blau, 1937). Recent studies, however, demonstrate notable findings common to abuse victims, many of which may either be exacerbated or occur more frequently in chemically dependent populations.

Russell (1986), on the basis of her San Francisco survey of more than 900 women, estimates that approximately 16 percent of adult women have been sexually abused by a close male relative, and about 31 percent by someone outside the family. Russell's estimate of intrafamilial sexual abuse is similar to that found by Edwall and Hoffmann (1988) in an adolescent chemically dependent population; both, notably, are higher than estimates previously derived through reviews of extant clinical literature (Herman, 1981). Clearly, a significant number of women have experienced incest and/or extrafamilial abuse in the course of their development, and these women are not likely to be underrepresented in chemical dependency populations.

The psychological consequences of experiencing abuse appear to be varied, leading to a history of substantial confusion in attempts to delineate any precise diagnostic criteria for a post-abuse syndrome (Finkelhor and Browne, 1986). Gelinas (1983), Browne and Finkelhor (1985) and Russell (1986), however, have all made substantial recent contributions to understanding the experience of sexual abuse victims and their common forms of clinical presentation.

Gelinas (1983), relying primarily on clinical data from female victims of intrafamilial abuse, suggested a typical symptom picture which she termed traumatic neurosis. Much like other forms of post-traumatic stress disorder (Donaldson and Gardner, 1985), this pattern includes intrusive memories associated with intense affect and vivid recall, which tend to alternate with denial of the event(s). The woman may experience overwhelming fear, leading to psychological paralysis and the appearence of cognitive impairment. Dissociative phenomena, and particularly a sort of self-hypnotic anesthesia which removes the subject from her bodily experiences, are common. Gelinas contends that untreated, this syndrome is likely to additionally produce chronic depression, guilt, poor self-esteem, and a sense of powerlessness. Together, these feelings and ways of seeing herself create for the sexual abuse victim chronic heightened anxiety, a variety of phobias, impulsive behavior and suicidal ideation.

Findings such as those of Gelinas (1983) and Russell (1986) are based on adult retrospective data regarding abuse, and thus are limited in principle to assessing relatively long-term effects. In this regard, Browne and Finkelhor (1986), reviewing 27 studies published since 1956, argue that a distinction must be made between initial effects--typically those observed in the first two years after the incest incident(s) -- and longer-term effects. Data on initial effects, they argue, is sketchy at best, but seems to suggest the likelihood of elevated levels of fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior. With regard to longer-term effects, it appears that incest victims as a group demonstrate higher levels of disturbance or impairment relative to control groups, although fewer than 20% of the victims are judged to exhibit extreme pathology. Chief among the symptoms shown in the studies reviewed by Browne and Finkelhor is a list very similar to Gelinas': depression, self-destructive behavior, anxiety and isolation, low self-esteem, a tendency toward revictimization, and substance abuse. The authors (Finkelhor and Browne, 1986) interpret these effects in relation to a four-component model, in which the victim is traumatized by dynamic combinations of traumatic sexualization, betrayal, disempowerment and stigmatization.

In a pilot study for this research (Edwall and Hoffmann, 1988) it was determined that adolescent females in chemical dependency treatment who identified themselves as having had sexual experiences with family members differed in a number of ways from other females in the same population. Most notable were a significantly greater number of suicide attempts among the incest-reporting group, and a significantly greater number of prior psychiatric hospitalizations. While not differing from the nonvictim group on measures of depression or anxiety, the incest group showed evidence of lower self-esteem on some measures.

The present research constitutes an attempt to replicate these findings with a substantially expanded sample, as well as to futher refine our definitions of the abuse experiences of both intrafamilial and extrafamilial sexual abuse victims. As our sample is now large enough to include groups of males who identify themselves as abuse victims, some questions can be analyzed for possible gender differences.

METHODS

The study sample is drawn from a group of 1,824 adolescents who entered inpatient treatment for substance abuse between 1984 and 1986 and who gave consent for follow-up interviews after treatment (92% of all patients granted consent for follow-up). The sample is an aggregate of patient populations from nine adolescent treatment centers in five states affiliated with CATOR. CATOR (Chemical Abuse Treatment Outcome Registry) is an independent fee-for-service clinical auditor. Treatment centers contract with CATOR for use of standardized data collection forms, patient follow-up interviews, data analyses and reports.

Each patient in a CATOR affiliate treatment program is administered a semi-structured interview eliciting psychosocial and substance use history typically during the second week of treatment. Among the questions, patients are asked: Has anyone in your family ever been sexual with you? and, Has anyone else ever sexually abused you? At discharge, the patient's primary counselor completes a checklist indicating, among other items, whether sexual abuse is: Not a problem, Reported prior to treatment, Found during treatment, or Undetermined. Counselor indications of sexual abuse do not distinguish intrafamilial from extrafamial victimization.

Of the total sample, 597 patients are girls (32.7%) and 1227 (67.3%) are boys. The vast majority are White (93.0%) with a mean age for girls of 15.6 and a mean age for boys of 16.1. Based on patient responses to the interview questions and counselor responses to the checklist, the adolescents are divided into four categories as follows:

Nonvictims (NV):

> Subject denies both intrafamilial and extrafamilial sexual abuse and counselor indicates no problem (n=234 girls, 890 boys).

Extrafamilial abuse victims (EFV):

> Subject reports only extrafamilial sexual abuse and counselor indicates sexual abuse (n=76 girls, 28 boys)or subject reports but counselor indicates no problem or undetermined (n=44 girls, 20 boys).

Intrafamilial abuse victims (IFV):

Subject reports only intrafamilial sexual abuse and counselor indicates sexual abuse (n=41 girls, 28 boys) or subject reports but counselor indicates no problem or undetermined (n=6 girls, 13 boys).

Intrafamilial and extrafamilial abuse victims (IF/EFV):

Subject reports intrafamilial and extrafamilial sexual abuse and counselor indicates sexual abuse (n=37 girls, 6 boys) or subject reports both but counselor indicates no problem or undetermined (n=6 girls, 3 boys)

For purposes of this study, patient self-report irrespective of counselor agreement is considered a positive case of sexual abuse victimization. It is important to point out that where agreement is noted, counselor corroboration does not necessarily indicate collateral source information independent of patient self-report as counselors have access to patient interviews and may in some cases be merely reflecting the patient's interview response.

A total of 58 girls and 51 boys denied sexual abuse on the standard interview but the counselor indicated abuse was reported prior to treatment (n=6 girls, 7 boys) or was found during treatment (n=52 girls, 44 boys). While the adolescents who denied sexual abuse when there was evidence it had occured may be an important group for study, they are not included in the current analyses because the counselor checklist fails to distinguish between intrafamilial and extrafamilial sexual abuse, and the primary focus of this report is the comparison of intrafamilial abuse victims (IFV), extrafamilial abuse victims (EFV), victims of both kinds of sexual abuse (IFV/EFV) and nonvictims (NV).

Also excluded from analyses are the 300 cases (95 girls, 205 boys) where the patient left treatment before completing the history interview or where the patient denied abuse but the counselor for whatever reason was unwilling to endorse the "no problem" category in favor of "undetermined."

Of the 597 girls in treatment, 43 (7.2%) reported being victims of both intrafamilial and extrafamilial sexual abuse, 47 (7.9%) reported being victims of intrafamilial sexual abuse only, and 120 (20.1%) reported being victims of extrafamilial sexual abuse only. Thus 35.2 % of the girls reported sexual abuse victimization. In an additional 58 cases (9.7%) counselors indicated a sexual abuse history although the patient denied it during the standard interview.

Significantly lower rates of abuse were reported by males: of the 1227 boys in treatment, 0.7% reported being victims of both intrafamilial and extrafamilial sexual abuse, 2.0% reported being victims of intrafamilial sexual abuse only, and 3.9% reported being victims of extrafamilial sexual abuse only. Thus, 6.6% of the boys reported sexual abuse victimization. In an additional 4.2% of the cases, counselors indicated a sexual abuse history although the patient denied it during the standard interview. Because of the comparatively small sample sizes of the male sexual abuse victim subgroups, self-reported intrafamilial victims will be combined into one group for analysis.

RESULTS

A. Girls

The groups who reported sexual abuse, and particularly the incest group, tend to be younger at the time of admission to chemical dependency treatment than the remainder of this population, although this difference is not statistically significant. There were no differences in either ethnicity or referral source for the four groups. The group did differ, however, in their reports of having experienced physical violence, as reported in Table 1. Those classified as incest groups (IFV,IF/EFV) reported greater incidence of physical violence within the family against both themselves and other family members, while the non-family abuse groups(EFV, IF/EFV) more frequently reported being the victims of violence outside the family.

With regard to the first hypothesis of psychological distress, composite indices of severity suggest substantial disruption of functioning in the sexually abused groups, and particularly in those reporting intrafamilial sexual abuse. While the base rate of depression in this population is sufficiently high to yield no differential incidence of depression, incidence of suicidal behaviors in the year prior to treatment did differ dramatically (chi square= 35.24, 6 df, $p \leq .0000$) (see Table 2). Suicide attempts had been made in the preceding year by 56.5% of the incest group, 35.7% of the extrafamilial abuse group, and 44.2% of the group reporting both, in contrast to the nonvictim group. Conversely, while nearly half of the nonvictim group reported no suicidal ideation in the preceding year,only a quarter to a third of the abused groups had this status.

Questions regarding experience of specific psychological symptoms are reported in Table 3. Again, base rate for several symptoms are high in this population, but an anxiety or agitation component which might differentiate the abused population does emerge here. The category "sexual problems" is vague; the significantly higher prevalence in this regard is limited to the two groups with extrafamilial abuse experiences and it is unclear whether they mean to suggest sexual problems other than the reported abuse.

The second hypothesis, that of impact on self-esteem, is examined in Table 4. As can be seen in this table, a number of questions were asked about specific components of esteem, and responses were coded on a four-point scale, from "rarely" to "usually". Percentages in Table 4 reflect the summing of the two higher of these categories. While few of these components show significant difference, it is notable that there are very large differences between the groups in the components with the most serious ramifications: being ashamed of the self and feeling like killing oneself. Perceptions of the views of others, especially parents, did not differ statistically among the groups, although it is noteworthy that greater percentages of intrafamilial victims feel that their parents are ashamed of them.

Girls who report a history of sexual abuse victimization differ significantly from nonvictims in terms of involvement with legal and/or social service agencies. Specifically, victims are significantly more likely to report early arrests (before age 14) and multiple infractions (Table 5). They are also more likely to report being arrested for status offenses (those acts which are illegal only for minors, such as truancy, running away, and drinking) and to have a current charge pending for a status offense at the time they are admitted to chemical dependency treatment. Among intrafamilial sexual abuse victims, particularly, the rate of arrests for status offenses is striking. Although being the subject of an out-of-control petition filed by parent or legal guardian is significantly higher for all sexual abuse victims, this event also is markedly more prevalent among incest victims. While about one third of the intrafamilial sexual abuse victims acknowledged such a petition, fewer than one in ten of the nonvictims did.

Although we have no data on the specific nature of the behavior which resulted in arrest, we can compare the severity of consequences meted out by the juvenile justice system (Table 6). While over 40% of the sexually abused girls acknowledged at least moderate consequences of an arrest, fewer than 20% of the

nonvictims reported such consequences. A consistent pattern shows that sexual abuse victims compared with nonvictims were significantly more often placed on probation, placed out of the home, put in a detention center, held in jail overnight, or placed in a juvenile corrections facility. Out-of-home placements, not surprisingly, were reported most frequently by intrafamilial abuse victims (IFV and IF/EFV) whereas the presumably most severe consequences (detention center, jail overnight and placement in a juvenile corrections facility) were much more common among girls who reported both intrafamilial and extrafamilial sexual abuse (IF/EFV).

B. Boys

Limited information available on family background and other environmental factors points to greater exposure to violence and abusive situations among boys reporting a history of sexual abuse than among other boys in adolescent chemical dependency treatment (see Table 7). Although the majority of sexual abuse victims acknowledged extrafamilial rather than intrafamilial sexual experiences, victims were much more likely than nonvictims to report that other family members had had incestuous experiences. Although it is possible that a response bias may account for this disparity with acknowledged victims more likely to speak about family secrets, the magnitude of this difference (24% versus 2%) suggests an area that requires further exploration.

Sexual abuse victims are more likely than nonvictims to report physical abuse victimization along with violence between other family members. Specifically, boys who had been sexually abused were roughly twice as likely as other boys to have been physically abused by a family member or by someone outside the family as well as to have witnessed violent interactions between other family members.

Signs of psychological distress (Table 8) are quite common in this young substance abusing population, but some feelings are noted more commonly by sexually abused boys. Specifically, they more frequently acknowledge nervousness, tension and insomnia, along with, not surprisingly, sexual problems. In contrast, significant differences are not found between sexual abuse victims and nonvictims in reports of feelings of depression and lack of energy, more symptomatic of a vegetative dysphoria. Rather, the victims seem to be experiencing a heightened sense of agitation or anxiety. Victims, too, are

significantly more likely to be frequently troubled by suicidal thoughts, and they are almost twice as likely as nonvictims to report a suicide attempt in the year before they enter treatment.

A series of questions to assess self-image also distinguishes sexual abuse victims from nonvictims. The sexually abused boys significantly more often endorse the "often/usually" rather than the "sometimes/rarely" alternative responses to these statements (see Table 9). Specifically, victims more commonly dislike their physical appearance, lack self-respect, believe their friends do not respect them, and appear less sure of the constancy of their parents' love for them. They also more often feel like killing themselves. Victims are almost twice as likely (20% versus 11%) as nonvictims to respond in the more negative fashion to at least five of the 10 self-image statements. However, ratings of relationships with mothers and fathers as avoidant, combative, peaceful or close do not distinguish sexually abused boys from others.

To some extent, measures of behavioral acting out also differentiate sexually abused boys from others in this sample (see Table 10). Although equal proportions of both samples are still in high school when admitted to treatment, and no difference exists with respect to the number with a history of learning disability, boys who report sexual abuse victimization are twice as likely to report a history of placement in special classes as a result of behavior problems.

Although overall arrests rates, and felony arrests rates, do not differ significantly between sexual abuse victims and other boys, victims by more than a two to one margin over nonvictims report early legal trouble. For instance 27% of the victims compared with 12% of the nonvictims report some kind of legal involvement by age 10 and 26% versus 10% report an arrest by age 12. They also apparently have experienced more often some of the more serious consequences of their juvenile offenses: being placed in a detention center or a juvenile corrections center. Most significant of all the differences in this area, sexually abused boys were more often placed out of the home than others (32% versus 12%), which may reflect the greater prevalence of incest, violence and substance abuse in their families, although the data cannot address this possibility. Victims are also twice as likely as nonvictims to be under the formal supervision of a social worker when they enter chemical dependency treatment, which similarily may reflect their greater likelihood of exposure to family dysfunction.

DISCUSSION

The results presented here help to build a picture of the chemically dependent adolescent who is also a victim of sexual abuse, while simultaneously enriching the literature on psychological consequences of abuse. Within a multi-problem, highly stressed population, the sexual abuse victim does appear to show slightly different and often more serious psychopathology, shown here in greater incidence of suicidal ideation and attempts, symptoms of agitation, and a sense of shame about the self. While few indications of a perception of marked interpersonal relationship disturbances in the family of the adolescent were reported, evidence was found of higher occurrences (relative to the nonvictim groups of chemically dependent adolescents) of these adolescents living in families where both they and other family members were also victims of violence. In short, the pattern which seems to be suggested is one of internalization: abused adolescents appears to be at risk for creating a picture of themselves as bad or sick, while normalizing the situation around them.

It must be noted that a large number of questions, some of them fundamental, were not addressed in this research and need to be considered in future investigations. These include obtaining more specific information about the identity of the perpetrator(s), the duration and severity of the abuse, and whether there had been disclosure and intervention. Further questions about family structure and history should be included. Following suggestions in the extant literature, we would like to ask more specific questions regarding psychological variables, particularly regarding feelings of helplessness, the presence of dissociative phenomena, and further indications of disruptions of functioning. Last, given that running away from home is very common among incest cases, we could inquire more closely regarding frequency and age at the time of these incidents, how these adolescents lived while on the run, and what kinds of difficulties or further experiences of victimization they may have encountered.

The present research is thus clearly preliminay, but suggests several substantial problem areas whose further investigation will add to our knowledge of sexual abuse, chemical dependency, and the needs which must be addressed in both treatment planning and public policy discussions. The prevalence of

probable sexual and physical abuse as reported by these adolescents strongly suggests that substance abuse programs should have appropriate evaluation for physical and sexual abuse with adequate procedures and mechanisms for treating or referring abuse cases. Treatment programs must also have clear policies for mandatory reporting requirements.

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REFERENCES

Bender, L. and Blau, A. (1937). The reactions of children to sexual relations with adults. American Journal of Orthopsychiatry, 7, 500-514.

Edwall, G. and Hoffmann, N. (1988). Correlates of reported incest in adolescent females in chemical dependency treatment. In Walker, L., ed., Handbook of child sexual abuse. New York: Springer.

Finkelhor, D. and Browne, A. (1986). Initial and long term effects. In Finkelhor, D., ed., A Sourcebook on Child Sexual Abuse. Beverly Hills, CA: Sage Publications.

Gelinas, D. (1983). The persisting negative effects of incest. Psychiatry, 46, 312-332.

Herman, J. (1981). Father-daughter incest. Cambridge, MA: Harvard University Press.

Russell, D. (1986). The secret trauma: Incest in the lives of girls and women. New York: Basic Books.

Ward, E. (1985). Father-daughter rape. New York: Grove Press, Inc.

TABLE 1
Physical Abuse Experiences
(Girls)

	Groups			
Question	NV	EFV	IFV	IF/EFV
Patient beaten by family member	24.0%	35.8%	53.2%	62.8%
Other family member beaten by family member	26.2%	38.3%	51.1%	76.7%
Patient beaten by anyone else	12.8%	33.3%	27.7%	46.5%

$p \leq .001$

TABLE 2
Suicidal Ideation and Sexual Abuse
(Girls)

	Group			
Question	NV	EFV	IFV	IF/EFV
No Ideation	46.5%	33.9%	34.8%	25.6%
Suicidal Ideation	33.0%	30.4%	8.7%	30.2%
Suicide Attempt	20.4%	35.7%	56.5%	44.2%

TABLE 3
Psychological Symptoms Reported by Groups
(Girls)

Symptom	Groups			
	NV	EFV	IFV	IF/EFV
Nervousness**	55.4%	75.4%	65.2%	67.4%
Tension	67.0%	78.6%	76.1%	72.1%
Restlessness	70.4%	81.9%	70.2%	69.8%
Depression	86.3%	90.7%	89.4%	90.7%
Suicidal thoughts*	52.4%	64.1%	65.2%	74.4%
Sleeplessness***	48.1%	67.5%	65.2%	69.8%
No energy	64.8%	66.9%	65.2%	58.1%
Weight Problems	39.7%	46.6%	34.8%	48.8%
Sexual problems***	15.9%	42.4%	19.6%	44.2%
Eating problems*	33.0%	40.7%	28.3%	54.8%

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$

TABLE 4
Components of Self-Esteem Reported by Groups
(Girls)

	Groups			
Component	NV	EFV	IFV	IF/EFV
Take good care of self physically	70.5%	67.2%	76.6%	62.8%
Like own looks	48.1%	40.9%	40.4%	32.6%
Proud of behavior*	19.9%	8.4%	10.6%	14.0%
Respect self	36.5%	28.3%	38.3%	27.9%
Ashamed of self***	19.6%	42.8%	29.7%	35.7%
Hate self	12.2%	22.5%	29.8%	14.0%
Feels like killing self	5.2%	13.5%	6.6%	23.3%
Parents ashamed	19.1%	18.5%	34.8%	28.5%
Parents respect	40.7%	40.9%	37.0%	31.0%
Friends respect	73.0%	62.5%	78.7%	72.1%
Parents love	90.4%	89.2%	88.8%	76.1%

* $p \leq .05$
** $p \leq .001$

TABLE 5
Legal Involvement
(Girls)

	NV	EFV	IFV	IF/EFV
In trouble with the law 3 times or more***	19.7%	35.8%	40.4%	48.8%
Arrested before age 14**	5.6%	16.7%	12.8%	16.3%
Three or more arrests*	7.3%	15.8%	12.8%	18.6%
Any status offense arrest *	13.2%	15.0%	29.8%	25.6%
Charges pending/status offense**	4.7%	7.5%	21.3%	7.0%
Out-of-control petition filed ever***	9.4%	21.7%	36.2%	32.6%
Currently under supervision of social worker***	15.4%	24.2%	40.4%	41.9%

* $p \leq .05$
** $p \leq .05$
*** $p \leq .05$

TABLE 6
Legal Consequences Lifetime
(Girls)

	NV	EFV	IFV	IF/EFV
Probation**	19.2%	29.2%	40.4%	37.2%
Required to make restitution**	7.3%	10.0%	23.4%	18.6%
Out-of-home placement***	8.5%	15.8%	31.9%	30.2%
Detention center***	6.0%	15.0%	12.7%	30.2%
Jail overnight*	6.0%	12.5%	12.7%	18.6%
Juvenile correction facility***	3.4%	5.0%	12.8%	20.9%

* $p \leq .05$
** $p \leq .01$
*** $p \leq .0001$

Table 7
Physical and Sexual Abuse Experiences
(Boys)

	Sexual abuse victims	Nonvictims
Physically abused by a family member***	49.4%	27.0%
Physically abused by a nonfamily member***	30.9%	15.1%
Other family members physically abused by family members***	53.1%	28.8%
Other family members sexually abused by family members***	23.5%	1.6%

*** $p \leq .001$

TABLE 8
Psychological Symptoms Reported
(Boys)

	Sexual abuse victims	Nonvictims
Frequent nervousness***	65.0%	37.7%
Frequent tension*	67.1%	53.4%
Frequent restlessness	68.4%	59.6%
Frequent depressed feelings	77.2%	65.8%
Frequent sleeplessness*	52.6%	38.3%
Frequent lack of energy	61.5%	49.5%
Frequent sexual problems	17.9%	4.8%
Frequent eating problems	20.5%	15.7%
Weight problem	24.1%	15.0%
Frequent suicidal thoughts**	47.4%	30.8%
Suicide attempt past year*	17.9%	9.9%

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$

TABLE 9
Components of Self Esteem
(Boys)

Ratings of often/usually versus sometimes/rarely	Sexual abuse victims	Nonvictims
Takes good care of self physically	75.3%	77.9%
Likes physical appearance***	59.3%	77.7%
Respects self**	42.5%	58.9%
Ashamed of self	23.5%	16.6%
Hates self	11.3%	5.9%
Feels like killing self**	10.1%	2.7%
Friends respect you**	66.7%	80.5%
Parents respect you	45.0%	49.2%
Parents love you**	87.7%	94.8%
Parents ashamed of you	13.9%	20.7%
Any 5 negative responses to the above statements*	19.8%	20.7%

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$

TABLE 10
School and Legal Difficulties
(Boys)

	Sexual abuse victims	Nonvictims
SCHOOL HISTORY		
School dropout/suspension/ expulsion	18.8%	16.6%
Diagnosed learning disability	25.9%	22.2%
Special classes for learning problems	39.5%	29.7%
Special classes for behavioral problems	22.1%	11.5%
LEGAL HISTORY		
Any arrest	60.5%	59.0%
Any felony arrest	25.9%	18.1%
In any legal trouble age 10 or before***	27.2%	11.8%
Arrested age 12 or before ***	25.9%	10.2%
Out of control petition ever	21.5%	17.5%
Out-of-home placement ever	32.1%	11.7%
Probation ever	48.1%	40.5%
Detention center ever**	33.3%	18.9%
Juvenile corrections facility ever**	23.5%	11.4%
Jail sentence ever	6.2%	3.2%
Current probation officer supervision	35.8%	28.4%
Current social worker supervision**	27.2%	14.4%

* $p \leq .05$
** $p \leq .01$
*** $p \leq .001$